| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155792 | A. BUILDING _____ B. WING _____ | C 12/14/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **COUNTRYSIDE MEADOWS LLC** | **762 N DAN JONES RD AVON, IN 46123** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>This visit was for investigation of complaint number IN00100007 and IN00100489.<br><br>Complaint IN00100007: Substantiated, no deficiencies related to the allegations are cited<br><br>Complaint IN00100489: Unsubstantiated due to lack of evidence<br><br>Survey dates: December 13 and 14, 2011<br><br>Facility number: 012534<br>Provider number: 155792<br>AIM number: pending<br><br>Survey team: Vanda Phelps, RN<br><br>Census bed type:<br>SNF 26<br>SNF/NF 58<br>Total 84<br><br>Census payor type:<br>Medicare 30<br>Medicaid 32<br>Other 22<br>Total 84<br><br>Sample: 3<br><br>Countryside Meadows was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the investigation of complaint number IN00100007 and IN00100489.<br><br>Quality review completed 12/15/11 | F 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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|---|---|---|---|---|
| F 000 | Continued From page 1<br>Cathy Emswiller RN | F 000 | | |